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## NATURE IN DISEASE.

An Address delivered before the Norfolk (Mass.) District Medical Society, at the Annual Meeting, May 12th, 1852, and printed in accordance with a vote of the Society.\*

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NOTWITHSTANDING the rapid progress of medical science in these latter days, and the great advances the present has made over past ages in freeing our profession from the mysticisms which have ever enveloped it, it is still to be feared that too many of our fraternity set out upon their professional career indelibly impressed with Mr. Bagges's notion, that 'disease is a certain noxious something, to be destroyed by medicine as an acid by an alkali'; and when, like Dr. Labell, they have treated their patients to 'leeches, blisters, antimony, opium, ether, ipecac., colchicum—lotions, fomentations, and liniments'—they, like him, take good care to impress upon the convalescent that these medicines have cured the disease by putting a stop to it! Believing this themselves, they indoctrinate their patrons, and through them the public, with the same idea. But it must have early struck the attentive student, as it may now-a-days even the superficial observer, that under various and conflicting methods of treatment many diseases come to about the same general results—about the same relative number of recoveries and failures. For a longer or a shorter period, the most diverse theories, as of Cullen, and Brown, of Broussais, and Rasori, and others of a lesser note, have claimed and held pre-eminence. During its reign, each has not only been considered superlatively successful, but boasted its unrivalled cures. Under each, patients recovered in sufficient numbers to enable its followers to predict its universal adoption. That many also died, though drugged in strict accordance with the prevailing and supposed infallible theories, as well as under other methods of treatment, is sufficiently evident from the fact that these systems lost the confidence they once obtained, and now only remain in the memories of our older practitioners, or serve to amuse those whose curiosity leads them to search the records of past hypotheses. No system has now such unquestioned sway, as those of Cul-

\* In yielding, reluctantly, to the vote of the Society and the solicitations of friends, it is hardly necessary to remark that no one estimates more highly the value of a thoroughly rational, scientific treatment of disease, than the author of this essay. Such treatment is not only highly beneficial, but all-important. It is the routine, unscientific, reasonless and unnecessary medication, overlooking the real nature and tendencies of disease, which he deprecates.

len and Brown with our fathers. We are now in an unsettled state—in transition from hypothetical to more rational methods. The doctrine of “nature curing diseases,” so full of baneful influences on the practice of physic in the opinion of Cullen and his followers, has been stripped of most of its supposed dangers, by the present generation, and is again in the ascendancy. The present period is remarkably favorable for more extended and more correct observations in this regard, and it is to be hoped that it will not pass unimproved by the profession.

The science of therapeutics, though freed of many of its absurdities, has not yet made great positive advances when compared with other branches of medical knowledge. Nevertheless, the recent results of a more exact pathological anatomy, registered and counted, have not been without their salutary effect upon the treatment of diseases. Sixteen years since, Dr. Bowditch's translation of that incomparable work of Louis on Typhoid Fever, was distributed to the members of the Massachusetts Medical Society. Many a doubting glance was cast over its pages, and grave and respected elders were then heard to remark to each other and to the bystanders “that it would be a disgrace to any New-England physician to treat fever as recorded in that work.” The vigorous—to call it by no harsher name—the vigorous treatment then and previously pursued in this neighborhood for typhoid fever, had *done so much* that the expectant method, therein alluded to, seemed doing nothing indeed. Venesection, emetics, cathartics, blisters and mercury, the remnants of English heroics, stood in strange contrast with the milder trifles, the barley-mixture and gum-syrup of the French hospitals.

The previous year, Dr. Bigelow delivered his admirable discourse on self-limited diseases, before the same Society. The doctrines of that discourse fell like an exploding bomb-shell into the camp of those who had taught their patients, and probably themselves believed, that they had *broken up* unnumbered cases of fever by a master-stroke in the commencement, or had cut short their triumphal progress by some wonderful exploit of professional strategy. Many went away sorrowful at the doctrine—some at such heresies in high places, and some fearful perhaps that if disease had not suffered at their hands, the patient certainly had. The right spirit, however, was awakened. Accurate investigations were made and recorded. Autopsies, rigorous and general, were instituted anew; and the result has been that an entirely new view of the history and pathology of typhoid fever has since prevailed. And, whether the redness and ulceration of Peyer's patches stand in the relation of cause and effect, or neither—a constant coincidence of these phenomena with this fever, and the increasing belief of its self-limited nature, have been sufficient to remodel the plans for treatment. This has been done so effectually, that it may now be doubted whether it would not be a disgrace to any one of us not to recognize the principles established by Louis, in our treatment of this and similar diseases.

Valuable as these advances have been, the practical inquirer has other and equally-important questions to ask of the observer. Disease has been noted, registered, and counted, under various forms of treatment—what would its history and course be, if left to itself, under no treat-

ment at all, without the administration of any drugs, with a view to cut short or even to mitigate its progress? For this question must receive a distinct and definite answer, from the observation of a sufficient number of cases, before the real value of any method of treatment can be truly estimated.

It may be said, and with truth, that this is a difficult question to decide—that single cases vary greatly in character—that the constitution and state of the patient are not the same, for any two individuals—that in its tendency, severity and complications, each case differs from every other. But all this does not alter the proposition. From such cases we are constantly proclaiming the value of certain remedies, and deducing plausible theories of treatment. Aye, but the experiment—who will be bold enough to try it? The sin of omission in practice is the unpardonable of offences. To have *tried everything that could be thought of* is the impregnable retreat of the baffled practitioner, and a balmy sedative to the bereaved. Nevertheless, until the benefits of the prescription over its omission be known, the administration of a drug is as great and as hazardous an experiment as the withholding of it. Who can say with truth that it is not even more dangerous? The popular reasoning, that “it will do no harm if it does no good,” may be sufficiently satisfactory to ignorant and officious bystanders, who seem sometimes to literally revel in an opportunity to crowd a patient’s stomach with multifarious mixtures, and to load his person with offensive masses; but it will hardly bear the test of ordinary common sense. The suffering individual may prefer the trial at any risk, under the irksomeness of debility or the pangs of disease; but a compliance with his wishes, followed by recovery, is not proof positive that he has been benefited thereby.

A violent fever sets in—you bleed the patient, and administer powerful drastics. In a few days he is well. Has the disease been *broken up*? Might he not have recovered equally well and speedily had he never seen you, or your supposed remedies? Cases of recovery under similar circumstances, without interference, are not infrequent. And until the question can be decided on a large scale—until the degree of probability in a given case can be shown from multitudes of observations, the value of your interference, for good or for evil, must remain uncertain and problematical.

Now, hundreds of cases of typhus fever have been submitted to the most thorough expectant or let-alone treatment; and it has been found that so far as duration of the disease is concerned, the results were quite favorable. Cases commencing with most violent symptoms of inflammation, delirium, &c. &c., have subsided after a day or two, and convalescence been fully established in less than a week. It has been found that the natural duration of the disease is from three to nearly or quite one hundred days—some of the longer cases having commenced or terminated so gradually as to render precision to a day impossible, and the shorter ones resembling, as far as they went, those which proved of longer continuance and dangerous severity. By far the largest number were convalescent in less than twenty days. In severity of daily and progressive symptoms, these cases compare favorably with equal numbers of

others under the various and ordinary treatment of competent practitioners. In general results, these cases presented a decided amount of recoveries over those in which an active, or heroic, treatment was employed.

We may not be able or willing to adopt such a course for an individual in private practice; for, as has well been remarked, "such treatment may do for armies, where one man is as good as another; but does not answer for individuals, by nature prone to over-estimate their personal consideration." Still, until the principles be established, by which the individual may securely have just that degree of treatment suited to his distress and danger, better than they now are, the results of such investigations must have a beneficial influence. Let every opportunity of observing a case of fever, undisturbed by drugs, be improved by each one of us. It cannot fail to add to our knowledge of the real nature of the disease, and perhaps may save some of our patients from unnecessary suffering; for, although some of us may be wandering amongst infinitesimals, the most of us in medicine, even now, like the rich in their wealth in Hesiod's time, "do not know how much better a half is than a whole."

The truly expectant plan has also been tried in the treatment of scarlet fever—in fewer cases, but with very similar results. This disease is admitted on all hands to be self-limited, and no one pretends to break it up. Yet there are indications from all quarters, especially from such observations as those alluded to, that even in this day of small doses, professional overdosing is a great obstacle to the speedy and perfect recovery from this complaint. These cases of too much interference happen the more frequently, where the great anxiety of influential friends, stimulating the too ready attendant, exacts a multitude of appliances and a legion of remedies—that there may be abundant evidence of "doing something" for the victimized patient. How much the probabilities of recovery have thus been diminished; how many, if not fatal, at least severer sequelæ have thus been entailed upon the sufferer; how many broken constitutions, what impaired vitality, and greater susceptibility to noxious influences; how many weaknesses in protean forms have thus originated; how many a fatal termination has thus been directly induced, we may never know. We may, however, taking heed to such suggestions, be less anxious to invent new prescriptions and appliances, than to dispense with many now usual and popular, lest perchance it some time turn out to our mortification that the disease, in our day and generation, is really less formidable, as nature forms and develops it, than as modified and complicated by the ordinary interferences of art.

The natural history, progress and tendency of dysentery, if carefully re-investigated, would form no mean addition to our professional acquisitions. That this disease tends to recovery, and is actually recovered from, in sufficient number of cases to inspire confidence in the treatment, under all varieties of practice, from the most heroic drastics to the most imaginary doses—the treatment by opium and astringents not having warmer supporters than that by repeated potions of castor oil; nor these than that by billionths of a grain of corrosive sublimate—and that we



so often hear practitioners complaining that it is so very "obstinate" or unyielding to remedies, this or that season, are sufficient indications that it is self-limited, and defends itself, as best it may, against excessive medical interference. That, as in typhus, scarlatina, and other exanthems, a person having experienced one attack of this disease is thereby protected against a second, though not so certainly proved, is not improbable from recent observations. The subject throughout possesses unusual interest, and is deserving of attentive revision.

In 1835-6, Dr. James Jackson caused to be translated and published Louis's work on "Bloodletting in some Inflammatory Diseases, and on the Influence of Tartarized Antimony and Vesication in Pneumonitis," and added thereto his valuable collection of cases from the records of the Mass. General Hospital. He was induced to publish this work, he says, by the deep impression which Louis's results, so little in accordance with the general opinion, had made on his own mind. And he candidly admits, after re-examining the cases referred to, that "it would seem to be of less importance whether our patients were bled or not, than whether they entered the hospital early or late." That is, comfortable apartments and attentive nursing exercise a greater influence over this disease, than all the boasted powers of bloodletting then so universally relied on. Well might he add, that such results "will, no doubt, surprise many, if not most medical men." They did surprise the profession; and the treatment of pneumonia now is quite a different thing from the treatment of the same disease fifteen years ago. Whether venesection is now sufficiently employed in pneumonia, or not, is a question I cannot answer; but certain it is that the average of fatal cases treated without it, in this vicinity, does not exceed, but rather falls short of, that stated by Dr. Jackson for the cases so treated in the Mass. General Hospital. At the time of the publication of the work alluded to, it was the practice, in this section of the country at least, to administer antimony in pneumonia to constant nausea—to tolerance, so-called. This was a very happy expedient for the routine practitioner—so simple a thing was it to mingle the drug in the customary proportion of water, and so satisfactory a matter was it to nurses and friends to find sweet solace in the frequent administration of the mixture. But the poor patient—who that has once seen can ever forget the involuntary shudder, nay, the inexpressible horror, when the repulsive draught was again and again offered? Nor was the evil always confined to the administration of the supposed remedy. "Redness, soreness, and even pustules were produced in the fauces," admits Dr. Jackson. Yes, and autopsies revealed pustules throughout the intestinal canal, even where tolerance had not been exceeded. I well remember the subdued undertone in which such facts were whispered about among the profession; and the trembling hesitancy with which antimony was subsequently administered by those whose faith in it could not be shaken, though they were ready to admit an unaccountable irritability of the mucous membrane in some idiosyncrasies. How much the patients unnecessarily suffered by this and other equally harsh medicines for this disease, will probably never be accurately estimated—how many were relieved of their dis-

tress, or restored, in consequence of such practice, will remain equally a subject of conjecture. One thing is certain, that many distinguished practitioners thought and taught that they effected "remarkable cures" by such a course of treatment. And another thing is now not less certain, from the testimony of most respectable members of the profession, who have watched, expecting to prove the contrary—that pneumonia, even in the severer forms, may pass, with perhaps equal certainty, through all its stages to perfect recovery, under the administration of infinitesimal atomies.

Perhaps no disease, in this vicinity, is more dreaded by parents, and practitioners also, than membranous croup. Certainly none requires more assiduous attention, and offers less prospect of ultimate success. We now speak of the membranous disease, and not of those so-called spasmodic or catarrhal affections generally classed with it. These latter, though often violent and alarming in the outset, are comparatively harmless, and ought no longer to be called by the terrific name of croup, with which they have little or no affinity.

Sixteen years since it was taught, from the lips of undoubted authority, that "croup is death." Its great fatality, its great frequency in certain localities, and the insidious nature of its attack, have made it the subject of observation by many anxious inquirers, who, of late, have added much to our knowledge of its nature and history. It has been found that exudatory inflammations (affecting chiefly, but not exclusively, the larynx, trachea and bronchiæ) spread invariably from above downwards, and not in an opposite direction; that if it commence in the trachea it may descend into the bronchiæ, but will not mount to the larynx; that with nursing children false membranes are not infrequent in the fauces only, and that the liability to descend into the larynx increases in proportion to the age of the child; that in adults, on the contrary, false membranes are, except in rare cases, chiefly confined to the smaller bronchiæ. It has been found, also, that the membrane itself is of a peculiar nature—a tissue of elastic fibres, longitudinally arranged; the fibres smooth, and in no degree transversely striated. Great elasticity is one of its chief characteristics. It is inorganic in its nature, or so much so that it never tends to organic union with the subjacent tissues. In proportion and as soon as the inflammation begins to abate, it separates, and, by irritating, causes itself to be thrown off. It may be re-formed a second, or even a third time. Though generally considered the result of a peculiar species of inflammation, it certainly obtains in other parts of the system, and moreover (from which we may learn a lesson of caution in our treatment) fatal exudations, similar in many if not in all respects, have been known to take place in previously healthy larynges from the accidental inhalation of caustic vapors.

It is believed, from careful investigation, that death is not oftener due to the obstruction of the membrane than to the weakened or paralyzed action of the muscles which open the glottis—though spasm seems to be most dreaded by attendants generally. And further, observation has shown that cases of undoubted recovery, with expulsion of the membrane, have taken place under treatment by calomel to excessive

salivation, emetics to cruel barbarity, caustics to distressing peril, more frequently under the milder process of anodynes and watery vapor, sometimes under imaginary doses, and, lastly, without any medical treatment real or pretended—so that it must be set down among the self-limited diseases, with a natural tendency, though feeble it may be, towards recovery.

These few diseases have been adduced, among many others that might be cited, to illustrate the position assumed, and to indicate the kind of observations we would urge. Such observations any one of us may make. They are easier, and will be more serviceable to ourselves and the profession, than attempts to solve the mysteries of disease by pathological dissections. These, though more generally insisted on, and certainly never to be neglected, often require most skilful hands and the most patient examinations of the practised, and the numbers of cases which only large cities can supply; but the other is forced upon us at the bedside of every patient. No one can over-estimate the importance of correct knowledge on this subject. Without it, we shall ever be uncertain as to the *real* value of any therapeutic interference. The fear of not doing enough may deter us; but we have seen how much the best physicians have formerly erred in their implicit reliance on powerful medicines to shorten disease and to restore health. And we know that the natural tendency to recovery under simple nursing, or under imaginary doses, is at least as great as under the formidable heroics of former times. "When I came upon the stage," wrote a few days since a venerated friend, who last year entered on his second half-century of active practice—"when I came upon the stage, whatever might be the differences of opinion about the nature or origin of the disease, there was none at all about the treatment: the first day an emetic, the second a cathartic—just as regular as the first and second bells for meeting on Sundays. Over and over again, during my pupilage, I have heard the patient say to my teacher, 'O doctor, I know I ought to have sent to you before, but I did *so dread* to take an emetic!' And this dread of seeing the doctor for fear of an emetic was founded on woful experience—the one was as sure as the other. And such doses—Lord save us! Nothing short of the indomitable spirit and power of that strong race could have carried the Pilgrim Fathers through their trials, or their descendants through their struggles with such Herculean medical practice."

Thus saith my friend—and at the present day may it not be that we are standing in a similar position towards those who may come fifty years after us; and this the more likely, as it is an occasional remark of Continental visitors, abundantly qualified to make correct observations, and after sufficient experience and intercourse in the country, 'that our people are martyrs to drugs and medicines—and this, too, at the hands of the profession.'

If we ourselves are not able or willing to make the trial where we feel that experience has given a power to alleviate or to arrest, many of us, if so disposed, may turn to account the cases of our neighbors who honestly deal in infinitesimals. It were better for ourselves, and the science to which we are devoted, to avail ourselves of such opportunities

than to waste our time and temper in empty cavillings against their vaunted, but, as we believe, baseless theory. If we need not the instruction ourselves, it is time the public were instructed by us in more correct notions of the nature of disease. So long as physicians teach their patients, directly or indirectly, or allow themselves to suppose, that diseases cannot be removed unless broken up by some masterly exploit, or amazing mystery of art, so long will the profession stand in a false position—so long will it be subject, as in times past, to violent alternations from formidable heroics to mystified trifling—so long will practitioners be doomed to have some of their sickest patients taken from them and placed at the critical moment in the hands of reckless adventurers; perchance to recover under treatment wholly inappropriate or totally inefficacious—so long, also, will medicine be ranked among the uncertain sciences, and its results be classed by intelligent laymen as the offspring of blind chance. With more frequent reference to the natural history of disease, physicians will adopt a less assuming and presumptuous bearing, which, while it serves to make the vulgar stare, brings grief into the hearts of the discriminating. The most celebrated of our profession, ever remarkable for their little reliance on the specific powers of medicine, and always noted for administering the smallest quantities and the mildest forms, have ever been distinguished for modest demeanor and a willingness to admit that they have been merely careful attendants and watchful assistants, nature guiding, at the bed-side of the sick. Thus we hear an illustrious example of medical lore, after skilfully carrying a patient through a protracted and almost hopeless disease, modestly remarking that he had 'visited the lady and the Lord had cured her.' And we are not the less impressed to admiration with the renowned skill of that glorious veteran of military surgery, after a successful attendance on a chieftain horribly mangled in battle,

"Who wrote from Suza's blood-stained field,  
'I dressed the wound that God has healed.'"

Here, too, in our own day and circle—those of us who were privileged to listen to the teachings of

"The truest, noblest, wisest, kindest, best,"

of physicians and men, will bear witness to the earnestness with which he deprecated the use of the word *cure* as a result of medical treatment, and the decision with which he excluded it from the Hospital records, adding that in its legitimate sense (to cure meaning to take care of) all such patients had been *cured*, though only a part had *recovered*.

If we read aright the signs of the times, this spirit prevails to a greater extent than ever before in the history of the profession, and is on the increase. It is of good omen—let us bid it God-speed. We need not fear the loss of position and influence by instructing the community in the true nature of our science. The want of such information, and the belief that each disease or symptom has its appropriate and infallible remedy, if the practitioner could only hit upon it, has been the source of infinite mischief—the foundation of professional huckstering, and of vulgar empiricism. The only remedy for such evils, widely felt and sufficiently deplored, is to be found in an earnest and persevering application to in-

vestigations such as we have advocated. Such investigations will raise the medical attendant far above the mere prescriber of drugs or the dealer-out of nostrums. They will open his mind to a nobler view of his calling, and give a loftier purpose to his mission. To responsibilities, greater than fall to the lot of other mortals, they will add the necessity of augmenting professional acquisitions by an enlarged knowledge of collateral sciences. To watch carefully, to study thoroughly, to guide cautiously, will become only the more imperative. Individual labors may thus be increased; but as such investigations are successfully pursued, and the knowledge of the real nature of diseases better known and promulgated, the relations between physician and patient will rest on a more rational basis, the profession will reach a higher elevation and take a firmer hold on the confidence of the people, than it has ever yet attained; and its members will be saved from the reproach now sometimes cast upon them, that they have been "ever learning, but never able to come to the knowledge of the truth."

**M. RICORDI'S LETTERS UPON SYPHILIS.**

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D.  
Boston, and communicated for the *Boston Medical and Surgical Journal*.

**EIGHTH LETTER.**

**MY DEAR FRIEND.**—It is my purpose to-day, as I promised you, to see if it is possible to distinguish a simple blennorrhagia from one with a chancre concealed in the urethra. You see that I lay down the problem as boldly as my opponents.

In the study of this diagnosis, it is important to establish two conditions; the one a diagnosis absolute, unequivocal and undeniable; the other a rational diagnosis.

An absolute diagnosis cannot be obtained but by artificial inoculation. Every time that muco-pus furnished by a mucous surface will give the characteristic pustule, which we shall soon have to examine in studying chancre, we can affirm, whatever has been the duration of the disease, that this muco-pus is virulent, that there is a chancre somewhere; the chancre alone being able to give rise to the positive results of inoculation. Here is the incontestable fact established by my researches, and the absolute and unequivocal diagnosis in all its strictness.

When by the inoculation of muco-pus from the urethra you obtain the characteristic pustule—pronounce boldly, and without the possibility of error, it is a virulent blennorrhagia. But only ask of inoculation, as of all the other means of investigation, what we have the right to expect from it. We must have variolic or vaccinal virus to produce the effects of variola or vaccine. If at the side of a variolic or vaccinal pustule an abscess is developed, and you should take the pus from this abscess to inoculate, you would not obtain the specific effects of the vaccine nor of the variola. Take some muco-pus in the neighborhood of a variolic pustule developed upon the Schneiderian membrane, and this muco-pus will not give the effects of the variolic pus.

If you have, then, a patient actually affected with an urethral chancre, and at the same time with a simple blennorrhagia ( a frequent complication), and in the place of taking the pus from the chancre, we take it from the blennorrhagia, the result will be necessarily negative. It does not require much mind to understand so simple a thing, and I am astonished that M. Vidal, who has much esprit, should make of this an objection against inoculation. I have too high an esteem for his understanding to admit that he could believe that pus furnished by chancre of the urethra, when a blennorrhagia coëxists, ought necessarily to be mixed with all the blennorrhagic pus ; or that a drop of pus from a chancre, acting after the manner of leaven, renders the other necessarily virulent. Without doubt, the complication of morbid elements, as regards the diagnosis, often renders the analysis difficult, but an exact knowledge of each of these elements permits us, under any circumstances, to distinguish between them.

The chancre of the urethra, which can never have a very great extent or large surface, can furnish but a very small quantity of virulent pus. Even in the indurated chancre the secretion is sometimes almost nothing, generally insufficient to stain the linen of the patient. A very fine example of this can be seen at this moment in No. 15 of the first ward of the Hospital du Midi.

Every time, then, that we have to deal with a very abundant discharge, we have the right to suppose that there is something else besides the product of chancre. We must guard against concluding upon the absence of chancre in the urethra, from the negative results of inoculation. But if the inoculation is repeated several times—if, moreover, care has been taken to press out the secretion of the urethra in order to obtain the more immediate product of the ulcerated surfaces—and the results have always proved negative, there is a very great probability that it is a simple blennorrhagia and without the complication of chancre. Without doubt the diagnosis here is neither absolute nor complete ; but does it not present at least something more than the diagnosis which is generally made ?

In order to draw a conclusion from the negative results of inoculation, the epoch at which the experiment is made must be kept strictly in view. We shall see later, in studying the chancre, that the virulent secretion has a term, and that there is a moment when the ulcer passing into the state of simple ulceration ceases to furnish specific pus. If, then, experimentation is made too late, less can be concluded from the negative results, than if the inoculation had been made during the first or second week following the infecting coitus.

In examining inoculation under this point of view, does it not offer all that strict reasoning can demand ? If the results are positive, this gives you the most absolute sign that diagnosis can give. If they are negative, the results conduct then to a rational diagnosis of which they may be the most valuable elements. Let a more sure or a more fruitful sign in human pathology be found. What ! would not that be a sign of great importance, which, when it exists, permits us to affirm, in a necessary inevitable manner, the existence of a lesion with grave conse-

quences, and which when not existing can conduct us with a sort of certainty to a rational diagnosis!

And because this sign has also its uncertainties, shall we not pay attention to those circumstances in which it presents a value and a mathematical precision? Are we, then, so rich in absolute diagnosis, that we ought to show ourselves indifferent, sceptical, or scorers with regard to a sign the existence of which smooths over so many difficulties?

What other means but inoculation, in a case of legal medicine, will permit us to state strictly that a blennorrhagia is or is not symptomatic of chancre?

But is it asked of me if inoculation is always applicable? Do we always arrive in time? Can we and ought we always to count upon it? Must we always have recourse to it? Certainly not; I have written this and repeated it a hundred times in my lectures, and it is incredible that objections should be again sifted over that I have myself so many times made. Inoculation, since it is again necessary to repeat it, is an excellent means of diagnosis, but of which we are often deprived. Is this a reason for renouncing the research into the distinctions between simple and virulent blennorrhagia? Without doubt, no; and fortunately, a well-directed minute study of all the elements of the disease, gives, in the great majority of cases, whatever my opponents say, a diagnosis sufficient to enable us to conclude upon the prognosis, and to furnish the indications of a treatment truly methodical.

It is not sufficient, as we shall see later, merely to have a primitive ulcer in order to fear the constitutional verole, and to necessitate a mercurial treatment; other conditions are ordinarily sufficiently well marked to enable us to recognize them.

Permit me, then, to pass over again very briefly in review, the ordinary elements of the diagnosis of blennorrhagia, of which there has already been a little question, on account of the etiology.

You recollect what I said of women considered as a focus of infection, and the value which we can attribute to the source, as regards concluding upon the virulence or the simplicity of blennorrhagia. The patients have a singular naïveté upon this point, and entertain a strange idea of morality. How many times have I seen young people enter my office and say to me—the blennorrhagia which I have caught cannot be otherwise than benign, for I contracted it from a married woman, the wife of one of my friends, and I am very sure that it cannot be anything more than an *échauffement*. At this I am accustomed to answer—Sir, if your wife had a lover, would you consider her as a very honest woman? This question troubles almost all of them, and they see very quickly that in order to settle upon my diagnosis, I have recourse to means rather more certain than the morality of the source. A woman perfectly healthy, I have already said, may be a source of infection.

Among the curious and singular facts which have passed under my eyes, permit me to relate to you the following, which has also its morality, as you will see. A young and small household had invited to breakfast a friend of the husband. The repast was almost terminated,

and the appetite was not satisfied. It was decided that a morsel of cheese should be added to the feast. The husband leaves the table, descends four pair of stairs, and runs to the neighboring grocery to seek the complement of the friendly repast. Alas! he does not return sufficiently quick. During his short absence, and between the pear and the cheese, his unfaithful better half committed adultery with his perfidious friend. The husband returns, the repast is finished, coffee and its accompaniments are taken, the friend retires, and the husband in his turn consummates the conjugal act. Three days after, the husband comes to me with a chancre of the urethra, with symptoms of blennorrhagia. He was accompanied by his wife, and he assured me that he had had relations with no other woman. The most careful examination of the genital organs of that woman did not permit me to discover anything suspicious. My prescription made, these individuals went away, leaving me without explanation of this virulent blennorrhagia of the husband. But the next day the wife returned, to ask me if I was very sure that she was not diseased. I examined her anew, and again I affirmed to her that she was perfectly well. Then she related to me the history which I have just told you, and she added that the delinquent was there, and begged me to examine him. I found upon him a magnificent chancre on the corona glandis, in the specific period.

This fact confirms the curious experiments made at the Lourcine by my young and learned colleague M. Cullerier. He placed some virulent pus in the vagina, let it rest there during some time, took it again upon his lancet, and inoculated with positive results, and the vagina, submitted to the treatment of injections only, was not infected.

You will conclude with me, my dear friend, that the source from which the cause of the blennorrhagia has been taken, cannot give a great value to the diagnosis.

I shall not return to what I have said of incubation as a means of diagnosis. The chancre of the urethra is sometimes developed very quickly, and can furnish pus at an early period. So that, far from considering the blennorrhagia as virulent which has taken more time to appear, it is the contrary that we must very often admit.

The *violence* of the blennorrhagia has been made a synonyme of the *virulence*. In truth it is just the contrary. As a general rule, it is those cases of blennorrhagia which are the least violent, the least painful, which ought to give us the most fear of the existence of a chancre in the urethra. The duration of the discharge is a sign not to be neglected. It is not the discharges the most tenacious which make us fear the existence of a chancre in the urethra. The nature of the secretion has great value when we know how to appreciate it. The secretion which is the result of an ulceration of the urethra, is much more purulent than mucous; it is ordinarily sanious, rust-colored, and charged with blood; the least pressure, moreover, upon the urethra, renders these characteristics very sensible. But to give to this symptom (the presence of blood) all its value, we must be certain that the patient has not previously used a caustic injection, that foreign bodies have not been introduced into the urethra, or that he has not had a rupture of the ca-



nal during chordée; and that, moreover, the sanguinolent matter is not expelled with the last drop of urine, in which case it would be the sign of cystitis with vesical tenesmus.

I do not speak to you of the speculum for the urethra as a means of diagnosis of the ulcerations of this canal. It is an ingenious method, which has not given what it promised. It is sufficient sometimes to distinguish chancre, situated even at a considerable depth in the urethra, to cause the meatus to gape by stretching open the lips. Wedkind had thought that he found in the enlargement of the follicles in the neighborhood of the urethra, near the frænum, a symptom of virulence; but these enlargements are generally only phlegmonous, and independent of every other complication.

The most important symptom consists in the engorgement of the canal, especially in the region of the gland, the most frequent seat of chancre in the urethra.

I have already said, that it is not so important to be able to state the presence of an ulceration, either by the aspect and the nature of the secretion, or by inoculation, as it is to know if one is concerned with an ulceration capable of determining the syphilitic infection. It is this that all authors have had in view, when they have spoken of virulent blennorrhagia.

Well! as we shall soon see, it is the indurated chancre which is the fatal antecedent of the constitutional verole. Now nothing is generally more easy to prove than the presence of an indurated chancre of the urethra with symptoms of blennorrhagia. If a blennorrhagic complication does not exist, the patients scarcely suffer in micturition; the jet of urine is generally twisted and troubled by reason of the diminution of the calibre of the urethra; the erections are not painful, when the chancre is seated in the region of the gland.

In order to well ascertain the presence of these ulcerations, it is necessary to explore the urethra by the aid of pressure which is exercised from above downwards, from the dorsal face to the inferior, as when we wish to make the meatus gape. In exercising this manœuvre, we perceive a cord, more or less extended, that some writers on syphilis have designated under the name of *corde balanique*. It is easy to ascertain, in the greatest number of cases, the side of the canal upon which the ulceration is seated. Independently of the indurations plainly limited upon one side, we see that side form a convexity, whilst the healthy side separates in forming a crescent. When the pressure is exercised from right to left, nothing is felt, the induration ceases to be appreciable.

Doubtless the swelling in the region of the gland or of the follicles may be only the result of a simple inflammation without virulence; but to complete the diagnosis we must have recourse to the accessory symptoms. Thus the affections of the glands are very rare in the blennorrhagia non-symptomatic of chancre. When they take place, as I have already pointed out, they are acute, terminate easily by resolution, or when they suppurate, it is simple pus that they furnish.

With the urethral chancre, dorsolymphangitis of the penis and the affections of the glands are much more frequent. If the chancre is non-

indurated, the glands suppurate almost inevitably, and when the seat of the pus is opened, the suppuration furnishes incontestable marks of virulence. In the indurated chancre of the urethra, which is the most important to recognize, the affections of the glands are inevitable and necessary; several glands are affected at once, and they remain indolent and do not suppurate—upon all which conditions, I shall have occasion to return hereafter.

Finally, if all these conditions have not been appreciated—if these signs have not been seized upon, either because we have arrived too late or because they have been overlooked, we can have the certitude, that if the patient has been attacked with blennorrhagia symptomatic of chancre, six months will not pass without the appearance of the accidents, if the constitutional affection has taken place.

We shall have next to examine whether, as a last resource, it is not better to wait this length of time to give a diagnosis, than to cause the patient to undergo, during the same period, a mercurial treatment which, after all, does not afford more certainty.

Yours, &c. RIGORD.

#### MEDICAL STUDY IN PARIS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Supposing an additional article in relation to methods of living, and convenient pursuit of studies in Paris, may be of use to persons who intend to make a short sojourn there, I herewith furnish such items as may facilitate the entrance of the medical stranger at once upon his pursuits.

Those who use the French language with facility will meet with comparatively few impediments; but a tolerable facility in reading and writing the language as taught by others than native instructors, will be of little use during the first few weeks. The author of the celebrated work on the heart (Dr. Hope), represents his first sojourn in Paris as inconvenient on this account. He was introduced to a lady of whom he expected to receive information that would facilitate the commencement of his pursuits; but after an unsuccessful effort at conversation, he was compelled to leave without being understood in the utterance of a single sentence. He immediately employed a teacher to call at his room, with whom he pronounced with great care, imitating every motion of the lips, and even the grimaces which so plainly distinguish the rapid pronunciation of this language from our own. In a few weeks he was able to repeat his visit, and engage in conversation with convenient facility. In the absence of ability to converse with ease, and even with this advantage, much time may be saved by seeking information from those residents of the city who are well informed in these matters.

From the kind and disinterested favors bestowed indiscriminately upon Americans, with a good general introduction, I take the liberty of advising persons to seek those favors from M. Luer, No. 17 Place de l'Ecole de Medecine, directly opposite the School of Medicine. His lady speaks several languages with almost equal facility, and their acquaintance with

the faculty of medicine and surgery, through his business (the sale of surgical instruments of unsurpassed workmanship), keeps them well informed of matters connected with the schools and hospitals.

If an immediate entrance upon anatomical and pathological pursuits should be desired, it would be well to call upon M. Guérin, at the Amphitheatre of Anatomy, at Clamont, a young surgeon, who has already been admitted to the Bureau Central, and whose ardent devotion to these pursuits renders him a competent adviser. He has charge of a section in this school, and was a visiter in La Pitié during the last summer's vacation.

Many may have been deterred from seeking instruction in these schools, from impressions with regard to the necessary expense of living in Paris. I shall describe a method usually adopted by students, although one may somewhat vary from it at pleasure.

It is not convenient in Paris to arrange for board and rooms, as is usually practised here. At hotels or other places where apartments (*meubles avec garçon*) can be secured, one is expected at some places to receive his breakfast at his Hotel, at others no meals are furnished, but at all it is the custom to receive meals at home or elsewhere as may be convenient. At one Hotel, occupied mostly by students, near the palace of the Luxembourg and the Odeon, apartments can be hired from fifty down to fifteen francs a month. Most American students would choose those for which from thirty to forty francs is charged. This, with other expenses to conform, would make the actual expenses of each day four to five francs. This may, with the most rigid economy, be considerably diminished. I would not represent that this is all the expense one is subjected to.

All the general hospitals and schools are open, free, to persons of every nation and creed, but the rules require that the visits be made with the chief physicians and surgeons, and not at other times. The internes (house physicians and surgeons) have charge in the intervals, and add to their small income by giving instruction to private classes. This is the most useful way to study disease, as each one who gives instruction in the wards does so in a particular department. Thus, typhoid fever and disease of the respiratory organs may be best studied in the wards of M.M. Louis and Chomel, going the round with the visiter in the morning, and with his interne at an appointed hour during the day.

The regulations at the Paris Hospitals require that a medical stranger shall present his diploma at the Bureau, when a card is received which secures the privilege of perpetual admission. A passport which certifies that the bearer is a physician, is generally sufficient. This kind of passport is often of much service in other places than those here mentioned.

C. B. CHAPMAN.

Madison, Wisconsin, Sept., 1852.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 13, 1852.
 

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*Ether Controversy.*—In the supplement to this Journal last week, the prefatory remarks were not written by the editor. The document was issued at the solicitation of one deeply interested in the subject, who furnished us the printed matter as it appeared in the Boston Transcript a few days before. We had not seen the introductory remarks, till our attention was called to them. We do not wish to be answerable for any statement or opinion, expressed or implied in them, respecting the ether controversy, except the belief that the supplement is a correct report of the debate on the subject in the United States Senate. As such it is interesting, but, as every reader is aware, not conclusive.

*Small Medical Classes.*—A gentleman from a medical school in the interior, which has been distinguished for its goodly number of students, says that it is unusually small the present season. He further observed that one of the faculty explained it by saying that the gold fever in California had drawn off the young men, and that all the schools will probably have diminished patronage for some years to come. This is agreeable intelligence. It is time the multitudes who have heretofore plunged headlong, as it were, into medicine, should be diverted to another channel, promising a better field for enterprise. The whole country is overstocked with physicians. They are too numerous for their own success, or for the people to sustain, at least so long as the latter also patronize every order and condition of quacks known in the land. Though the city schools may receive a larger patronage than the country institutions, it would not be surprising if they find some of the seats empty the coming term. There is poor, very poor encouragement for a man to qualify himself to assume the responsibilities of a physician, when he cannot compete with a fellow that proclaims himself a distinguished somebody, without the trouble of a day's study.

*Hydrophobia.*—In "Le Vigilant, Journal Politique, Commercial et Littéraire," published at Donaldsonville, La., it is spoken of as though it were a settled fact, that Dr. Page, of that town, has discovered a sure and infallible remedy for hydrophobia. Dr. Page is an occasional correspondent of this Journal, and if he has satisfied himself that he is as fortunate as the paper represents, it is quite certain that the profession will soon be apprised of it through a proper channel. Dr. Page is a native of Maine—a highly-gifted, industrious man, whose perseverance recognizes no limits to medical investigations. The editor closes his observations on this interesting subject, in the following words:

"Si, comme nous aimons à le croire, le remède dont il s'agit est infallible, le gouvernement français s'empresera de décerner à Mr. Page la magnifique récompense qu'il a promise à l'inventeur du moyen propre à combattre les hideux effets de l'hydrophobie, et (ce qui est infiniment préférable) l'habile médecin de la Louisiane aura acquis la gloire d'être classé parmi les plus illustres émines d'Hippocrate."

**Poisonous Straw.**—In New England, a favorite summer bed is made of straw. It is light, permitting a free circulation of air, and therefore is in general use. A gentleman informs us that his children and other members of the family have suffered intensely from an eruption produced by sleeping on a bed of this material, which seems to be poisonous. On examination, the cylinders of straw are found partially covered by green patches, something like mould, which under a microscope might turn out to be a vegetable parasite; but before a specimen had been subjected to the instrument, the wisp brought for inspection was lost. However, it does not appear to be a matter requiring any particular investigation, as in this instance the straw procured was from a stable where it may have been stored a long time, and gathered dampness. Those in the habit of using this article, should be sure of its being in a cleanly state.

**Physician's Visiting List.**—Messrs. Blakiston & Lindsay, Philadelphia, have brought out this convenient pocket-blank memorandum for the coming year of 1853. It is almost indispensable to persons like ourselves, who are constantly forgetting where we have promised to be at some particular hour, the name of the person who borrowed a book, or the professional visits made in a day. There are leaves labelled at the top—giving appropriate places for memoranda of every kind, and other conveniences which an every-day practitioner would prize exceedingly.

**Moral and Religious Lectures for Students.**—The Philadelphia Medical and Surgical Journal says that arrangements are being made by the Medico-Chirurgical College of that city, for a course of moral and religious lectures, to be delivered before the medical students residing there for scientific instruction. Distinguished divines take upon themselves the labor of carrying on the work, which has the best wishes of all good people.

**Practice in Philadelphia.**—From the Philadelphia Medical and Surgical Journal, the following extract is taken.

"Two-thirds of the practice of medicine in Philadelphia, even among those who pay for everything else, is done gratis; and not unfrequently insult is added to injury. This is due to the crowded state of the profession, and to the *mock charity* inculcated by many of the public teachers. The average fee in our city for medical attendance *paid*, does not exceed *twenty-five cents* a visit."

Perhaps some one, more familiar with the phases of professional income in Boston than ourselves, may favor us with a statement of the profits of practice here. Some certainly have large incomes; while others, whose merits and qualifications cannot be questioned, have none at all.

**Extraordinary Case of Hydrocephalus.**—A post-mortem examination was made (by order of the coroner in London, on the 5th of Sept. 1852), of the body of Joseph Devine, aged 14 years, found in the Regents Canal, having fallen into the water while being attacked with a fit. The head measured twenty-seven and a quarter inches in circumference; seventeen and a half inches across the top from ear to ear; nineteen and a half inches, from the nape of the neck, up the centre of the back over the crown to the junction of the eyebrows; eleven and three-quarter inches

from one parietal bone to the other. The skull was as thin as that of a child two years old, and the sutures were open like those of an infant, never having closed. When punctured, upwards of five imperial pints of water escaped from it, and the substance of the brain itself weighed three and three-quarter pounds. With the exception of the celebrated case of Cardinal, who lived till the age of thirty-two, it is the largest head on record.

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*Mysterious Agents.*—A pamphlet has been published by Redding & Co., Boston, which is probably designed to explain the phenomena of spiritual rappings, but it is too learned for the occasion. The title runs thus, "Philosophy or mysterious agents, humane and mundane, or the dynamic laws and relations of man, embracing the natural philosophy of phenomena styled 'spiritual rappings.' By E. C. Rogers." This is No. 1., and five more are to come. Perhaps a gleam of light may break forth before the series is completed, but we confess ourselves wholly unable, thus far, to comprehend the arguments of the erudite author.

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*Proposed Works.*—We are informed that the manuscript volume referred to some months since, written by Dr. Tracy, of Windsor, Vt., formerly of Worcester, Mass., will be published by Messrs. Jewett & Co., of Boston. A well-written popular treatise on the diseases of children, by Dr. Reynolds, of Cambridge, late of Gloucester, Mass., must be nearly ready for the compositor. Publishers are not as ready to take hold of professional works, as those of fiction. The former are represented to drag slowly through an edition. However, they occasionally make a mistake in rejecting a manuscript. A mere bookseller cannot always be a competent judge of what is proper or improper for professional readers. The idea of turning over two or three hundred sheets, without reading a word, and saying authoritatively that it is or is not wanted, is ridiculous. Learned men are obliged to bear such criticism, as often as otherwise, from persons who have not a particle of knowledge upon the subject they imperiously decide upon.

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*Friendly Injury.*—In the Bee, of this city, the following statement appeared the past week:—"A suit was lately brought in Barnstable county, which grew out of the simple act of shaking hands. The defendant, it appears, seized the hand of the plaintiff to shake it, and in doing so he grasped it so tightly as to crush the bones and thereby cripple it forever. The hand became ulcerated, and many of the bones have been discharged from the wound. The result of the trial is not yet heard."

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*Nees Von Esenbeck's Herbarium.*—This rich collection is at present for sale at Breslau, and contains 340 volumes, arranged according to Linnæus's system. Each volume presents from 100 to 120 species, and there are plants from the East Indies, the Cape, Australia, and tropics, the collection of the latter being especially rich. There is also a volume of Brazilian plants, which are not yet classified, five volumes of "plantæ Whightianæ," and three volumes of Japanese plants. Each volume is offered at a fixed price, which varies according to its especial and relative value. The whole collection will amount to about £2800, so that the average price of a volume is about £4.—*London Lancet.*

**Memphis Medical Recorder.**—This is a new bi-monthly medical journal, issued by the Medical College of Memphis. Of course, the faculty are conjoint editors. No. 2 has been received, which may be presumed to be a fair specimen of the coming series. The leading article, on vital statistics, shows what the writer thinks ought to be done at Memphis in regard to collecting the statistics of the dead, &c.

**Sulphate of Quina in Typhus Fever.**—Dr. M'Evers, Physician to the Cork Fever Hospital, Dublin, has an article in the last Dublin Quarterly Journal on the treatment of typhus, from which we copy the following introductory paragraph.

"The treatment of typhus fever introduced into practice by Dr. Dundas, and to which I propose to call attention in the following observations, consists in the administration of sulphate of quina in doses of ten grains, repeated every two hours, until dizziness of the head or tinnitus aurium shall be produced; or, should these evidences of the curative effects of the remedy not occur, the medicine is continued until a general amelioration of the state of the patient takes place—broth and a small quantity of wine being allowed, purgatives, or even aperients, not being deemed necessary during the treatment. When the dizziness or the tinnitus are very urgent, Dr. Dundas resorts to an emetic, which, in my own practice, I have not made use of: he also states, that if emetics are had recourse to at an early period, the quina is more likely to be successful. This treatment is resorted to in all stages of the disease, and frequently in the advanced periods, under circumstances which would be considered by the experienced physician as indicative of the worst form of typhus fever; and this mode of administering quina is almost invariably attended with the happiest results."

**Mineral Springs.**—Dr. John Bell (Philadelphia), who is preparing a work on mineral springs, more especially on those of the United States, is desirous of procuring, at an early day, all accessible information on the subject. With this view he requests his professional brethren to transmit to him all the facts in their possession which may throw light on the chemical composition and curative powers of the waters of the springs in their respective neighborhoods.

Proprietors of these waters would oblige by sending to Dr. Bell authenticated accounts on these points, and also of the topography of the springs, and the roads by which they are approached.—*Med. Examiner.*

**ERRATA.**—We regret to find that several important typographical errors have recently occurred in our pages. Correspondents are requested to write as distinctly as possible. When this is done, we can in ordinary cases furnish correctly printed transcripts of their papers. On page 139, line 14, for "mere" induction read new induction; page 140, line 36, for "respire" read aspire; page 142, line 37, for "same" plant read cane plant; page 194, line 24 from bottom, for "Anadilla" read Unadilla.

**Deaths in Boston**—for the week ending Saturday noon, Oct. 9th, 89.—Males, 46—females, 43. inflammation of bowels, 2—burns, 1—disease of brain, 1—inflammation of brain, 1—congestion of brain, 1—consumption, 13—convulsions, 3—cholera infantum, 3—cholera morbus, 1—cancer, 1—croup, 1—dysentery, 9—droupy, 1—dropsy of brain, 2—drowned, 1—exhaustion, 1—bilious fever, 1—typhoid fever, 2—scarlet fever, 4—hooping cough, 3—disease of heart, 2—intemperance, 2—infantile, 5—influenza, 1—inflammation of lungs, 1—liver disease, 1—marasmus, 3—disease of kidneys, 1—old age, 1—pleurisy, 2—rheumatism, 1—puerperal, 3—spine disease, 1—scrofula, 1—suicide, 1—teething, 3—unknown, 3.

Under 5 years, 43—between 5 and 20 years, 3—between 20 and 40 years, 23—between 40 and 60 years, 2—over 60 years, 6. Americans, 41; foreigners and children of foreigners, 48. The above includes 6 deaths at the City institutions.

*Influence of Climate upon Consumption.*—The value of removal to the south, of persons affected in the northern states with consumption, has been heretofore very generally admitted; but it is now asked whether much, if any, advantage is to be derived from spending merely the winter months at the south and returning to the north in the spring—and it is added that if a temperate atmosphere be all that is needed, this may be obtained in New England by means of a well-regulated system of artificial heat. We believe it to be an error to suppose that the southern states owe their immunity from phthisis pulmonalis alone to the mildness of their winters. If such were the fact, all temperate climates ought to be equally exempt, and all cold latitudes alike unfavorable. Yet phthisis is much more common upon the sea-board and in the mountainous districts of the southern states than at intermediate points, and it is comparatively rare in the northern portions of Canada and Russia, whilst it makes frightful havoc in milder England, France and our northern states.

That a temporary sojourn in the southern states is advantageous, we doubt not; but that a permanent residence here is still more so, we feel quite certain. Every practitioner of experience and who is acquainted with the means of accurately determining the state of the lungs, must have often observed how wonderfully large abscesses will heal here, which would have certainly proved fatal in a less genial clime. The writer knows persons in this state who had tubercular abscesses as long as twenty years ago, which healed kindly, and have left them ever since in the enjoyment of apparently good health. That all are not equally fortunate is too true; yet we feel assured that it is only by remaining in the south, both summer and winter, sufficiently long to acquire the peculiarities of a southern constitution, that lasting benefit may be expected. The best locations are obviously those in which the disease *originates* most rarely, and these are unquestionably to be found midway between the mountains and sea-board.—*Southern (Geo.) Medical Journal.*

*Medical Miscellany.*—David Phelps died at Duxbury, Mass., recently, at the great age of 105.—A singular mistake is represented to have been recently made by an aged lady, in taking mild pills that did her excellent service. Having put them in a saucer on a shelf, whenever her case required a dose she by mistake swallowed some glass beads that happened to be in another saucer, and was cured before the error was discovered.—It is supposed that more than 400 deaths occurred by cholera, at Rochester, N. Y., the present season. It was on the increase a week since at Chambersburg, Penn.—Some stir has been made about an epidemic at Norfolk, resembling yellow fever.—Smallpox has appeared at North Providence, R. I.—The public health at Kingston, Jamaica, is now improving. Smallpox lingers, however, in the country villages.—Yellow fever and smallpox, imported from Demerara, are sweeping off the people at St. Thomas alarmingly.—Dr. Allen, of Northfield, Mass., is in jail at Greenfield, for stabbing a man.—Mrs. Lois Peck died at Hamden, Conn., aged 100 years 8 months and 6 days. Her descendants are 138.—Believers in spiritual rappings are running mad in Boston, as in many other places. It is becoming extremely lucrative business to the mediums, usually young ladies, who are turning their rapping talents into dollars very rapidly.—Dr. J. Lawrence Smith, now a Professor in the University of Louisiana, has been chosen Professor of Chemistry in the University of Virginia, vice Dr. Rogers resigned.